

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | ET | 5077 | 09/27/51 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

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| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| : | Restricted | O | Objected |

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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